



Specialty Independent Review Organization, Inc.

January 20, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0451-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 48-year-old male injured his low back on ____ when he fell off a fork lift and was caught by his safety harness. Since that time he has continued to complain of right buttock pain down his right leg into his right foot associated with numbness and tingling of the right 2nd and 3rd toe. The patient's symptoms are worse with standing.

The physical examination reveals an L5-S1 radiculopathy with a 4/5 weakness of the extensor hallucis longus and a 4+ weakness of his dorsiflexors and plantar flexors. Patient also has paresthasias and decreased sensation to light touch in the L5 right nerve root. The patient has decreased range of motion in flexion and right lateral rotation. There is positive straight leg raise on the right at 10 degrees, sciatic notch tender, and the patient ambulates with a stooped antalgic gait.

CT Myelogram of the lumbar spine 07/27/2005 reveals a disc collapse and herniation at L4-5, 5-S1 more severe on the right at L4-5. EMG of 07/20/2005 reveals a right L5 radiculopathy. MRI of 06/02/2005 reveals an HNP in the right lateral recess at L4-5, narrowed disc by 70% and disc degeneration with a PNP at L5-S1. Patient has been treated with physical therapy, medications, and a series of epidural steroid injections with only temporary improvement.

RECORDS REVIEWED

St Paul Travelers, Letters: 9/15 and 10/11/2005.

Records from Doctor/Facility:

J Kaufman MD, Reports: 7/6 and 8/29/2005.

G Niemiowski MD, Reports: 5/18 through 12/30/2005.

C Saunders MD, Report: 11/10/2005.

Glazer Wholesale Drug Co, Letter: 5/21/2001.

LoneStar Imaging, X-ray: 5/4/2005.

MRI: 6/2/2005.

EMG: 7/20/2005.

Myelo/CT: 7/27/2005.

ESI: 5/4, 8/1, 8/8, 8/15/2005.

Records from Carrier:

UniMed Direct, Letters: 9/14 and 10/11/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a L4-5 and L5-S1 anterior lumbar interbody fusion with posterior L4-5 micro-lumbar discectomy with 2 days inpatient stay.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This 48-year-old male has a right L5 radiculopathy. The diagnostic tests reveal degenerated disc disease at L4-5 and L5-S1 with a PNP to the right at L5-S1 and an HNP in the lateral recess on the right at L4-5. This patient has been treated conservatively without improvement. Because of the degenerated disc at two levels with the PNP and HNP, a fusion is indicated to restore disc height and stabilize the lumbar spine.

Bono, Garfin, et al: The Spine.

Bradford & Zdeblick: Master's Techniques in Orthopedic Surgery, 2nd Edition.

An: Principles and Techniques of Spine Surgery.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 20th day of January 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli